



COUNTY OF SAN DIEGO
Great Government Through the General Management System – Quality, Timeliness, Value
DEPARTMENT OF HUMAN RESOURCES

CLASS SPECIFICATION

CLASSIFIED

PATIENT SERVICES SPECIALIST III (T)

Class No.005246

■ CLASSIFICATION PURPOSE

Under general direction, to interview, qualify, refer and enroll in appropriate government and/or community health services and programs; and to perform related work as required.

■ DISTINGUISHING CHARACTERISTICS

The Patient Services Specialist III is the lead-level class. Under general supervision, incumbents perform the more difficult and complex assignments, and provide technical guidance and training to lower level classes. This class differs from the next highest class, Patient Services Specialist IV, in that the latter is a first-level supervisor responsible for directing the work of a unit of Patient Services Specialists. Patient Services Specialists are allocated only to the Health and Human Services Agency (HHS). Incumbents work in medical health clinics, hospitals or other locations with a variety of health professionals to determine patients' needs, service funding, program options and eligibility; advocate for enrollment; and resolve medical billing problems.

■ FUNCTIONS

The examples of functions listed in the class specification are representative but not necessarily exhaustive or descriptive of any one position in the class. Management is not precluded from assigning other related functions not listed herein if such duties are a logical assignment for the position.

Essential Functions:

1. Interviews applicants or their relatives to obtain, verify, or clarify demographic, medical, financial, and other information to determine eligibility for health and medical services.
2. Performs initial intake and assessment to match patients to appropriate routine and specialty medical and health services.
3. Collaborates with medical staff, social workers and financial counselors to obtain and finance health care services.
4. Educates patients on the process of obtaining medical services.
5. Explains use of primary care system and selection of primary care clinics.
6. Explains coverage limitations and treatment authorization process.
7. Monitors the Treatment Authorization Request (TAR) process and specialty appointments.
8. Reviews handbook information with patients.
9. Acts as patient advocate for health plan enrollment and resolving billing problems.
10. Interprets provisions and requirements of programs that provide medical and/or financial aid.
11. Provides patients with information to select services from available options.
12. Assists patients in completing applications for medical assistance programs.
13. Assists patients through the health care system by referring them to other resources.
14. Determines what referrals are necessary to give beneficiaries access to health and social services.
15. Interacts within multiple programs including CMS and MediCal.
16. Completes statistical surveys and reports.
17. Creates and maintains eligibility case files.

18. Analyzes and evaluates financial and eligibility data and reviews medical records to determine eligibility for a variety of Federal, State, and County programs including Medicare, MediCal, County Medical Services, and special programs.
19. Provides training and education on managed care and access to services in Medi-Cal/Medicare managed care including transition from fee for services.
20. Interviews and corresponds with medical staff, attorneys, employers, agencies, insurance companies, and other third parties to obtain, verify, or clarify information and to explain County policy.
21. Identifies problem situations and refers patients to other hospital departments, agencies, and County or community resources.
22. Read literature, laws, and regulations related to health care delivery and coverage.
23. Attends training to maintain and expand knowledge and skills in assisting patients to obtain and finance health care.
24. Collaborates with medical providers to assist with patient emergencies and expedite access to CMS services and other health coverage.
25. Provide responsive, high quality service to County employees, representatives of outside agencies and members of the public by providing accurate, complete and up-to-date information, in a courteous, efficient and timely manner.
26. Completes all forms and notices required to certify or deny eligibility to health coverage programs.
27. Determines patient's financial ability to reimburse the County for medical care.
28. Secures payments from third party recoveries and prepares billing instructions for collection of patient's accounts.
29. Reviews medical charts to extract and/or verify medical information and to perform first level medical utilization review.
30. Provide recommendations on procedures and requirements to various governmental, county and health plans on access to health care services.
31. Participate and attend meetings with community partners, enrollment events and other outreach activities to promote access to health care services.
32. Provide basic lead roles to lower class incumbents and other clerical support staff.

■ KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of:

- Interviewing and data collection methods and techniques.
- Eligibility requirements for a variety of programs that provide financial coverage to patients for health care.
- Patient/client advocacy.
- Computers, including data entry.
- Community resources available to meet patients medical needs.
- Record keeping techniques.
- Basic arithmetic and statistics.
- Principles and methods of training and leading subordinates.
- County customer service objectives and strategies.

Skills and Abilities to:

- Collect, compile, and interpret information.
- Manage a large patient workload within deadlines and established agency policy.
- Educate patients/providers on a variety of health care programs.
- Communicate effectively both in oral and written form.
- Exercise tact, objectivity, sensitivity, strategy, and judgment in dealing with people of various educational, socio-economic, and cultural backgrounds.
- Identify problem areas concerning patients seeking health care services.
- Establish and maintain effective working relations with individuals, groups, and community agencies.
- Read and understand medical records.
- Maintain confidentiality.
- Lead and direct the work of others.
- Develop long-range plans.
- Assess in-service education and training needs.
- Write policies and procedures.
- Communicate effectively orally and in writing.

- Establish effective working relationships with management, employees, employee representatives and the public representing diverse cultures and backgrounds.
- Treat County employees, representatives of outside agencies and members of the public with courtesy and respect.
- Assess the customer's immediate needs and ensure customer's receipt of needed services through personal service or referral.
- Exercise appropriate judgment in answering questions and releasing information; analyze and project consequences of decisions and/or recommendations.

■ EDUCATION/EXPERIENCE

Education, training, and/or experience that demonstrate possession of the knowledge, skills and abilities listed above. Examples of qualifying education/experience are:

1. Two (2) years of experience as a Patient Services Specialist II in the County of San Diego; OR,
2. Three (3) years of experience providing patient advocacy and education services, either face-to-face or over the phone, assessing patient medical needs and eligibility for health programs or health financial assistance in a medical setting, as the primary job responsibility; OR,
3. Four (4) years of experience performing financial eligibility in a medical clinic, hospital, social service setting, or for a major health provider or health enrollment broker.

Note: Twenty-four (24) semester units of completed course work in behavioral science, social work, nursing, or a related field, from an accredited college or university, may substitute for up to one (1) year of this requirement.

■ ESSENTIAL PHYSICAL CHARACTERISTICS

The physical characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of the classification. Reasonable accommodation may be made to enable an individual with qualified disabilities to perform the essential functions of a job, on a case-by-case basis.

Frequent: sitting and repetitive use of dominant hands. Occasional: walking, standing, bending of neck and waist, squatting, simple grasping, fine manipulation, pushing and pulling, reaching above and below shoulder level, and lifting and carrying files weighing up to 10 pounds.

■ SPECIAL NOTES, LICENSES, OR REQUIREMENTS

License

A valid California class C driver's license, which must be maintained throughout employment in this class, is required at time of appointment, or the ability to arrange necessary and timely transportation for field travel. Employees in this class may be required to use their own vehicle.

Certification/Registration

None Required.

Working Conditions

Office environment; exposure to computer screens.

Background Investigation

Must have a reputation for honesty and trustworthiness. Misdemeanor and/or felony convictions may be disqualifying depending on type, number, severity, and recency. Prior to appointment, candidates will be subject to a background investigation.

Probationary Period

Incumbents appointed to permanent positions in this class shall serve a probationary period of 6 months (Civil Service Rule 4.2.5).

New: July 1, 1982
Revised: September 18, 2000
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Patient Services Specialist III (T) (Class No. 005246)

Union Code: SW

Variable Entry: N